



State of Indiana Public Defender Commission

APPLICATION FOR CAPITAL CASE ROSTER

Name: _____ Attorney No.: _____

Date Admitted to Indiana Bar: _____

Business Address: _____

County: _____

Telephone: Office _____ Home _____

Facsimile _____

Lead Counsel

Yes

No

_____ 1. Do you have at least five (5) years of criminal litigation experience?

_____ 2. Do you have prior experience as lead or co-counsel in at least five (5) felony jury trials that went to verdict? If yes, provide the following information:

	Client's Name	Cause Number	Date of Trial	County
(1)				
(2)				
(3)				
(4)				
(5)				

Yes

No

_____ 3. Do you have prior experience as lead or co-counsel in at least one (1) case in which the death penalty was sought? If yes, provide the following information:

	Client's Name	Cause Number	Date of Trial	County
(1)				

Co-Counsel

Yes

No

_____ 1. Do you have at least three (3) years of criminal litigation experience?

_____ 2. Do you have prior experience as lead or co-counsel in at least three (3) felony jury trials that went to verdict? If yes, provide the following information:

	Client's Name	Cause Number	Date of Trial	County
(1)				
(2)				
(3)				

Appellate Counsel

Yes

No

_____ 1. Do you have at least three (3) years of criminal litigation experience?

_____ 2. Do you have prior experience as appellate counsel in no fewer than three (3) felony convictions in federal or state court within the last five (5) years? If yes, provide the following information:

	Client's Name	Cause Number	Date of Trial	County
(1)				
(2)				
(3)				

Signature: _____ Date: _____

Return to: Indiana Public Defender Commission
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Fax (317) 233-6586